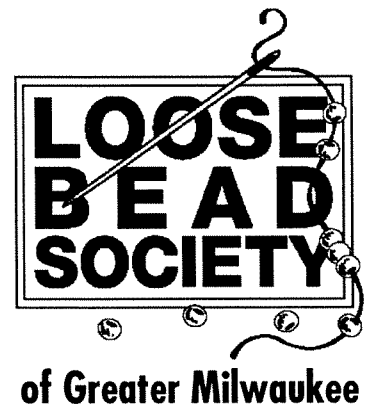


Application for Corporate Membership



Company name _____
 Contact person _____
 Address _____
 City, State, Zip _____
 Phone (_____) _____ Fax (_____) _____
 E-mail address _____
 Web site address _____
 Store hours for LBS directory (if applicable) _____

Individual Member Names

Name _____
 Address _____
 City, State, Zip _____
 Phone: Home (_____) _____ Work (_____) _____ Fax (_____) _____
 E-mail address _____
 Areas of interest (for directory) _____

Name _____
 Address _____
 City, State, Zip _____
 Phone: Home (_____) _____ Work (_____) _____ Fax (_____) _____
 E-mail address _____
 Areas of interest (for directory) _____

 Make checks payable and mail to: **Loose Bead Society of Greater Milwaukee**
 Attention: Membership
 P.O. Box 35
 Brookfield, WI 53008-0035

Questions? Contact **Julie Miller**, LBS Membership Coordinator, (414) 257-0232, juliem@execpc.com

Note: Memberships are for the calendar year. Dues are nonrefundable.

Membership type:

Option 1—\$ 50 (Business listing in brochure and newsletter;
 discount for newsletter ads; two members) \$ _____

Option 2—\$100 (All of above plus ads in each issue of quarterly issue for one year) \$ _____

Additional individual members _____ (qty) @ \$20 ea. \$ _____

Total enclosed \$ _____